RACINE RESIDENTIAL CARE

1719 WASHINGTON AVENUE RACINE 53403 Phone: (262) 633-6348 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: FDDs Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified?
Title 19 (Medicaid) Certified? Number of Beds Set Up and Staffed (12/31/02): 51 Total Licensed Bed Capacity (12/31/02): 51 51 Average Daily Census: Number of Residents on 12/31/02: ************************************ Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services No | Developmental Disabilities 100.0 | Under 65 68.6 | More Than 4 Years No | Mental Illness (Org./Psy) 0.0 | 65 - 74 15.7 I Day Services No | Mental Illness (Other) 0.0 | 75 - 84 No | Alcohol & Other Drug Abuse 0.0 | 85 - 94 No | Mental Illness (Other) 0.0 | 75 - 84 15.7 | Respite Care Adult Day Care 0.0 | ****************** 0.0 | Full-Time Equivalent No | Para-, Quadra-, Hemiplegic 0.0 | 95 & Over Adult Day Health Care ---- | Nursing Staff per 100 Residents Congregate Meals No | Cancer 0.0 0.0 100.0 | (12/31/02) Home Delivered Meals No | Fractures 0.0 | 65 & Over 31.4 |-----Other Meals No | Cardiovascular 0.0 | ------ | RNs 0.0 | Sex % | LPNs No | Cerebrovascular Transportation Referral Service No | Diabetes No | Respiratory 0.0 | ----- | Nursing Assistants, Other Services Provide Day Programming for | Other Medical Conditions 0.0 | Male 60.8 | Aides, & Orderlies 41.0 ----- | ----- | Mentally Ill ---- | Female 39.2 | Provide Day Programming for 100.0 | Developmentally Disabled Yes| 100.0 |

****************** Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay		Family Care			Managed Care						
Level of Care	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				49	100.0	115	0	0.0	0	2	100.0	115	0	0.0	0	0	0.0	0	51	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		49	100.0		0	0.0		2	100.0		0	0.0		0	0.0		51	100.0

RACINE RESIDENTIAL CARE

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02								
Deaths During Reporting Period										
					% Needing		Total			
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of			
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents			
Private Home/With Home Health	0.0	Bathing	0.0		98.0	2.0	51			
Other Nursing Homes	0.0	Dressing	29.4		68.6	2.0	51			
Acute Care Hospitals	0.0	Transferring	78.4		21.6	0.0	51			
Psych. HospMR/DD Facilities	0.0	Toilet Use	66.7		31.4	2.0	51			
Rehabilitation Hospitals	0.0		0.0		100.0	0.0	51			
Other Locations	100.0	* * * * * * * * * * * * * * * * * * *	******		*****	******	*****			
Total Number of Admissions	1	Continence		용	Special Treatmer	nts	olo			
Percent Discharges To:		Indwelling Or Externa	al Catheter	2.0	Receiving Resp	oiratory Care	3.9			
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	of Bladder	27.5	Receiving Trad	cheostomy Care	0.0			
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	23.5		tioning	0.0			
Other Nursing Homes	100.0					omy Care	0.0			
Acute Care Hospitals	0.0	Mobility			Receiving Tube	e Feeding	0.0			
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	3.9	Receiving Mech	nanically Altered Diet	s 51.0			
Rehabilitation Hospitals	0.0									
Other Locations	0.0	Skin Care			Other Resident (Characteristics				
Deaths	0.0	With Pressure Sores		0.0	Have Advance I	Directives	3.9			
Total Number of Discharges		With Rashes		39.2	Medications					
(Including Deaths)	1				Receiving Psyc	choactive Drugs	66.7			

	This Facility		FDD cilities		All ilties	
	% 	% 	Ratio	% 	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	83.9	1.19	85.1	1.17	
Current Residents from In-County	78.4	38.2	2.06	76.6	1.02	
Admissions from In-County, Still Residing	100.0	18.5	5.39	20.3	4.92	
Admissions/Average Daily Census	2.0	20.3	0.10	133.4	0.01	
Discharges/Average Daily Census	2.0	23.6	0.08	135.3	0.01	
Discharges To Private Residence/Average Daily Census	0.0	9.8	0.00	56.6	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	86.3	0.00	
Residents Aged 65 and Older	31.4	15.3	2.05	87.7	0.36	
Title 19 (Medicaid) Funded Residents	96.1	99.2	0.97	67.5	1.42	
Private Pay Funded Residents	3.9	0.6	6.85	21.0	0.19	
Developmentally Disabled Residents	100.0	99.5	1.00	7.1	14.08	
Mentally Ill Residents	0.0	0.4	0.00	33.3	0.00	
General Medical Service Residents	0.0	0.1	0.00	20.5	0.00	
Impaired ADL (Mean) *	33.7	54.0	0.62	49.3	0.68	
Psychological Problems	66.7	48.2	1.38	54.0	1.23	
Nursing Care Required (Mean) *	11.8	11.3	1.04	7.2	1.63	